

140700006849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

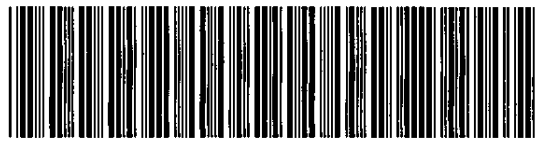
(Document Number)

Certified Copies ☒ Certificates of Status ☐

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Office Use Only

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09/30/08--01016--016 **43.75

Amend

SJ

2009 OCT 21 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CLARET THERAPEUTIC COMMUNITY, INC

1560 Sopera avenue
Coral Gables, FL. 33134

September 26th, 2008

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

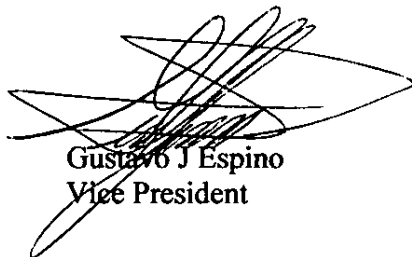
Re: Filing of Articles of Amendment

Dear Madame or Sir:

Enclosed please find an original and one (1) copy of the Articles of Amendment for CLARET THERAPEUTIC COMMUNITY, INC., and a check for \$43.75, which covers a filing fee and Certified Copy for the Articles of Amendment.

Thank you for your assistance in this matter.

Sincerely,



Gustavo J Espino
Vice President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2008

CLARET THERAPEUTIC COMMUNITY, INC.
C/O GUSTAVO J. ESPINO
1560 SOPER AVENUE
CORAL GABLES, FL 33134

SUBJECT: CLARET THERAPEUTIC COMMUNITY, INC
Ref. Number: N07000006849

We have received your document for CLARET THERAPEUTIC COMMUNITY, INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 508A00053199

RECEIVED
2008 OCT 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLARET THERAPEUTIC COMMUNITY, INC

DOCUMENT NUMBER: N07000006849

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO J ESPINO

(Name of Contact Person)

(Firm/ Company)

4111 SW 158th Ave.

(Address)

Miramar, Fl, 33027

(City/ State and Zip Code)

For further information concerning this matter, please call:

GUSTAVO J ESPINO

(Name of Contact Person)

at (954) 6757335

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

CLARET THERAPEUTIC COMMUNITY, INC

(Name of corporation as currently filed with the Florida Dept. of State)

N07000006849

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE III (Amended)

PURPOSE OF CORPORATION

The specific purpose for which this corporation is organized is:

For charitable, educational or scientific purpose under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code; and lessening neighborhood tensions, combating community deterioration by accompanying and supporting people with substance abuse problem and/or addictive conducts.

(Attach additional pages if necessary)
(continued)

**Articles of Amendment
of
CLARET THERAPEUTIC COMMUNITY, INC**

FILED

2009 OCT 21 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Article V (Amended)
REGISTER AGENT**

The name and Florida Street address of the new registered agent is:

GUSTAVO J ESPINO
4111 SW 158TH AVE
MIRAMAR, FL, 33027

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: 

**Article VII (Amended)
DIRECTORS**

The officer(s) and/or director(s) of the corporation is/are:

Title: P
JACINTO GOMEZ
1560 SOPERA AVENUE
CORAL GABLES, FL. 33134

Title: VP
GUSTAVO J ESPINO
4111 SW 158TH AVENUE.
MIRAMAR, FL, 33027

Title: S
MARIO DE LA ROSA
1560 SOPERA AVENUE
CORAL GABLES, FL. 33134

- - - - -

Article IX (Added)

DISSOLUTION

Upon the dissolution of the corporation:

Assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future Federal Tax Code, or shall be distributed to the Federal Government, or to a state or local government, for a public purpose.

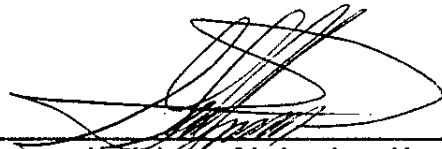
The date of adoption of the amendment(s) was: 09/26/2008

Effective date if applicable: 09/27/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature



(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

GUSTAVO J ESPINO

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE: \$35